

Childhood Immunization Initiative Off to a Good Start

□ The success of the Childhood Immunization Initiative, now beginning its second year, will be judged, ultimately, by the extent to which it reduces the occurrence of vaccine-preventable disease. A year ago this spring, when the Initiative was announced, immunization levels were dismally low; some were falling. Morbidity was on the rise. We were experiencing widespread outbreaks of measles and rubella, mostly among school children, and pertussis, which had dropped to its lowest levels ever in 1976, was occurring with alarming frequency in our communities. The situation, compounded by public ignorance, professional apathy, and a welter of other, equally difficult issues, was bleak.

□ Many problems that plagued the early days of the new Initiative are with us still, but no longer do they appear as forbidding. To review the past year's events is to find encouraging evidence that the American people are at last ready to commit their resources and their energies to the battle against the preventable diseases of childhood.

□ I would note, in this connection, our willingness to finance the fray. In fiscal year 1976, Federal grant support for immunization activities amounted to only \$4.9 million. This year, we are funding those activities at almost five times the 1976 level, or \$23 million, and for fiscal year 1979, we are requesting \$35 million in

grant appropriations for immunization projects.

□ These categorical expenditures do not reflect the tremendous support that the Initiative is receiving from nearly a dozen other DHEW and Federal agencies. The Department of Agriculture, for example, is promoting immunization through its Extension Service. DHEW's Office of Human Development Services already has immunized 90 percent of the 424,000 children enrolled in its Head Start program.

□ Across the country, civic groups and health care providers are working together in innovative programs. Corporations are championing the benefits of immunization; labor unions are conducting education programs for their members. Parents are checking family immunization records, to make sure that they and their children are protected against measles, poliomyelitis, rubella, mumps, diphtheria, pertussis, and tetanus.

□ The apathy that I spoke of earlier has not been entirely dispelled and, in many respects, in many segments of our society, we have a long and difficult way to go. But indifference is no longer dominant. It has been replaced, I believe, by growing resolve to see a tough job through, no matter what it takes.

□ Right now, for example, 35 States and major school districts within 7 more States are strictly enforcing school entry immunization laws. Some 33 States are reviewing the immunization histories of all children enrolled in their school systems. And 17 States have moved to exclude students who have not been adequately immunized.

□ What of the future? In the first

10 weeks of calendar year 1978, as compared to the same period of 1977, measles, rubella, and mumps incidence decreased substantially. Measles cases were down a phenomenal 68 percent; rubella and mumps dropped 52 and 33 percent, respectively.

□ There is no doubt a correlation between these first returns of 1978 and our efforts of the preceding year. If it is tenuous, it nevertheless augurs well for the second year of our campaign and, indeed, for the eventual elimination of the preventable childhood diseases. We have made a good start. If we continue to work together, I know that we can see the Childhood Immunization Initiative through to a most successful conclusion.

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Cover: Child is immunized at a DeKalb County, Ga., clinic. As the Childhood Immunization Initiative enters the second year, the Surgeon General reports on progress. Two papers in this issue are also pertinent—the need to educate both providers and consumers to achieve higher immunization levels (page 211) and how Oregon is controlling measles outbreaks (page 216).

